

2019 IHCP Annual Workshop

MDwise Behavioral Health

Providing health coverage to Indiana families since 1994

Agenda

- Overview
- ABA Services
- SUD Residential Services
- Opioid Treatment Program (OTP)
- Prior Authorization
- Claims
- Contacts
- Resources
- Questions



Overview



BEHAVIORAL HEALTH OVERVIEW



Overview

Behavioral health (BH) services include both behavioral health and substance use disorder (SUD) services for MDwise members.

MDwise BH benefits comply with the Mental Health Parity and Additions Equity Act (MHPAEA).

MDwise members also have the benefit of a 24-hour/365-day nurse helpline (800-356-1204, then choose option #1, then option #4)

The behavioral health network is made up of a variety of provider types to provide behavioral health/substance use disorder services, including:

- Community Mental Health Centers (CMHCs)
- Psychiatrists and psychologists
- Substance abuse counselors and facilities (LCACs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Mental Health Counselor (LMHCs) and Licensed Marriage and Family Therapists (LMFTs)





ABA SERVICES



Applied Behavioral Analysis (ABA) Therapy is for the treatment of Autism Spectrum Disorder (ASD) for members ages 20 and under.

- A diagnosis of ASD has been made by a qualified provider.
 - Diagnosis Codes: F84.0 or F84.9

Prior Authorization is required for all ABA services.

- Authorizations will be given in accordance with the members treatment plan.
 - Authorization is required every 6 months.
 - The individual has completed a comprehensive diagnostic evaluation performed by a qualified provider.
 - Documentation is provided that describes an individual treatment plan developed by a licensed or certified behavior analyst.



ABA Therapy Codes and Modifiers

- CPT codes: 97151-97158, 0367T, 0373T
 - Authorization required for all ABA therapy services
- Claims must be billed on CMS-1500 claim form
- Please reference the following IHCP Bulletins for additional information:
 - o Bulletin BT201606
 - o Bulletin BT201774
 - o Bulletin BT201705
 - Bulletin BT201867



ABA Specific Providers:

Providers must be registered with IHCP as provider type II and specialty type 615.

- HSPP = Health Service Provider in Psychology, Psychologist
- BCBA = Board Certified Behavior Analyst
- BCBA-D = Doctoral Level Board Certified Behavior Analyst

The following providers must bill under one of the above supervising providers:

- BCaBA = Bachelor Level Board Certified Behavioral Analyst
- RBT = Credentialed Registered Behavior Technician

Providers must enroll with MDwise as an ABA provider.



SUD Residential Services



SUD RESIDENTIAL SERVICES



SUD Residential Services

MDwise Covered Treatment

MDwise will reimburse residential substance use disorder treatment facilities that have the IHCP Provider type 35 – Addiction Services and provider specialty 836 – SUD Residential Addiction Treatment Facility, and are enrolled with MDwise as a residential SUD provider.

Coverage by Program

- Hoosier Healthwise:
 - Package A: Covered when medically necessary for members under 21
 - Package C: Coverage is reimbursed when deemed medically necessary and is subject to the same coverage policies and limitations as Package A
- Healthy Indiana Plan:
 - HIP Basic Plan: Covered
 - HIP Plus Plan: Covered
 - HIP State Plan: Covered

^{*}For questions regarding member covered services, please call Member Customer Service at 800-356-1204.



SUD Residential Services

- Low-Intensity Residential Treatment:
 - Procedure Code: H2034
 - Includes individual/group therapy, medication training and support, case management, drug testing and peer recovery supports
 - American Society of Addiction Medicine (ASAM) Level 3.1
 - Requires Prior Authorization

High-Intensity Residential Treatment:

- Procedure Code: H0010
- Includes individual/group therapy, medication training and support, case management, drug testing, peer recovery supports and skills training and development
- ASAM Level 3.5 (considered medium-intensity treatment for adolescents & high-intensity treatment for adults)
- Requires Prior Authorization

*Please note that providers registered to provide low-intensity treatment cannot provide high-intensity treatment, unless they are also registered to do so, and vice versa.

Modifiers:

- U1: Adult members (19 years and older)
- U2: Adolescent members (0-18 years older)
- All claims must be submitted on CMS-1500 claim form





OPIOID TREATMENT PROGRAM (OTP)



Opioid Treatment Program (OTP) is defined as a daily bundled service used to treat Opioid Use Disorder that includes the daily administration of methadone, either at the OTP provider location or as an authorized take home dose. The use of other agents (i.e. Suboxone, Subutex, Vivitrol, etc.) with or without the daily services is not considered OTP programming.

Common Opiates:

- Oxycodone
- Hydrocodone
- Fentanyl
- Heroin



OTP Specific Codes

- H0020: Alcohol and/or drug services
 - Methadone administration and/or service (provision of the drug by a licensed program) for each day a member presents for treatment
 - Providers that allow members take-home doses of methadone must bill code H0020 with modifier UA – for each date of service a take-home dose of methadone is dispensed (42 CFR 8-12).
- Reimbursement for code H0020 will be based on a daily bundled rate
 - Includes reimbursement for the following services:
 - Oral medication administration, direct observation, daily
 - Methadone, daily
 - Drug testing, monthly
 - Specimen collection and handling, monthly
 - Pharmacologic management, daily
 - One hour of case management, per week
 - 4 hours of group or individual psychotherapy, per month
 - Hepatitis A, B, and C testing, as needed
 - Pregnancy testing, as needed
 - One (I) office visit every 90 days
 - Tuberculous testing, as needed
 - Syphilis testing, as needed
 - Complete Blood Count, as needed

*Additional therapy codes are allowed outside a bundle when a relapse has occurred.



OTP Provider Requirements:

- Must be Division of Mental Health and Addiction (DMHA) certified and hold DEA license to prescribe Methadone
- Registered and active with IHCP
- Enrolled as Type 35, Addiction Services and Specialty 835, Opioid Treatment Provider
- Contracted and enrolled with MDwise Behavioral Health as an OTP
- MDwise will recognize the following credentials, under the direction of a physician or health service provider in psychology (HSPP), for individuals rendering individual, group, or family counseling services in an OTP setting:
 - A licensed psychologist
 - A licensed clinical social worker (LCSW)
 - A licensed marriage and family therapist (LMFT)
 - A licensed mental health counselor (LMHC)
 - A licensed clinical addiction counselor (LCAC)
 - A physician assistant
 - A nurse practitioner
 - A clinical nurse specialist
 - An individual credentialed in addiction counseling by a nationally recognized credentialing body approved by the DMHA*



Additional OTP Notes:

- Prior authorization is not required for MDwise-contracted, IHCP OTP-enrolled providers. All out-of-network providers require prior authorization.
- Check eligibility prior to rendering services.
- Copays may apply to OTP services depending on the member's health plan.
- Additional therapy codes are allowed outside of bundle when a relapse occurs.
 - Reference BT201755 for services billable outside of the bundled rate.



Reimbursement for OTP Providers

- Hoosier Healthwise Providers
 - Contracted Providers: 100% IHCP Medicaid Fee Schedule amount
 - Non-contracted Providers: 98% of the IHCP fee schedule for medically necessary services
- Healthy Indiana Plan Providers
 - MDwise will cover and reimburse medically necessary mental health care services, including substance abuse services.
 - Contracted Providers:
 - Medicare reimbursement if available
 - 130% of Medicaid rates if the service does not have a Medicare reimbursement rate
 - 90% of billed charges if there is no Medicare or Medicaid rate
 - Non-contracted Providers: 98% of the Medicare rate or IHCP fee schedule for medically necessary services if no Medicare rate is available



Opioid Treatment Program Education

- Please reference the following IHCP Bulletins and Banners for more information:
 - o BT201755
 - o BT201744
 - o BR201738
- Code of Federal Regulations
 - 42 CFR 8-12
- MDwise Behavioral Health Resources (Member and Provider)
 - http://www.mdwise.org/for-providers/behavioral-health
- IHCP Provider Module
 - Mental Health and Addiction Services
 - http://provider.indianamedicaid.com/media/155556/mental%20health%20and% 20addiction%20services.pdf





BEHAVIORAL HEALTH PRIOR AUTHORIZATION



Behavioral health services follow the same prior authorization process as medical benefits.

Prior Authorization Resources:

- Prior Authorization Page
 - https://www.mdwise.org/for-providers/forms/prior-authorization
 - Note there are new Prior Authorization forms required for Substance Use Disorder treatment requests
- Prior Authorization Reference Guide
 - Contact information for Excel Hoosier Healthwise and HIP
 - PA review timelines
 - PA appeals process
- 2019 Behavioral Health Prior Authorization List



You will need two key items when filing a request for Behavioral Health Prior Authorization (PA):

- I. Universal Prior Authorization Form
 - Located on our website
 - Include SUD PA Form when applicable
- 2. Documentation to support the medical necessity for the service you are requesting to prior authorize:
 - Lab work
 - Medical records/physician notes
 - Test results
 - Therapy notes

Tips:

- Completely fill out the Universal PA Form including the rendering provider's NPI and TIN, the requestor's name along with phone and fax number.
- Be sure to note if PA is for a retroactive member.

Please Note: Not completely filling out the Universal PA Form may delay the prior authorization timeframe.



Prior Authorization Turn-Around Time

- All emergency inpatient admissions require authorization within 48 hours after admission.
- Urgent prior authorizations can take up to 72 hours.
- Requests for non-urgent prior authorization will be resolved within 7 calendar days.
 - It is important to note that resolved could mean a decision to pend for additional information.
- If you have not heard response within the time frames above, contact the Prior Authorization Inquiry Team and they will investigate the issue.
- PA Inquiry Line
 - I-888-961-3100



Appeals

- Providers can request a prior authorization appeal on behalf of a member within 60 calendar days of receiving denial.
- Providers must request an authorization appeal in writing to MDwise:

MDwise Customer Service Department PO Box 441423 Indianapolis, IN 46244-1426

- MDwise will address an appeal within 30 calendar days and notify the provider and member in writing of the appeal decision including the next steps.
- If you do not agree with the appeal decision, additional appeal procedure options are available.



Pharmacy Prior Authorizations

- For all requests and questions regarding Pharmacy PA, contact the Pharmacy Benefit Manager.
 - MedImpact: 844-336-2677
- Pharmacy Resources:
 - http://www.MDwise.org/for-providers/pharmacy-resources





BEHAVIORAL HEALTH CLAIMS



Claims

Claim Timelines:

- Claim Submission:
 - Primary: 90 days from the date of service
 - Secondary: 90 days from the date of the explanation of benefits (EOB)
 - Non-contracted providers will have 180 days for claim submission.
- MDwise Adjudication: (clean claims)
 - Electronic Claims: 21 days
 - Paper Claims: 30 days
- Claim Adjustment Request Form
 - 90 calendar days from the date of the explanation of benefits (EOB) submit before Dispute
- Claim Disputes:
 - 60 calendar days from the date of the EOB
 - Dispute Response: 30 calendar days from date of submission



Claims

MDwise accepts claims:

Electronically:

Payer ID Numbers:

- Hoosier Healthwise EDI/Payer ID: 3519M
- Healthy Indiana Plan EDI/Payer ID: 3135M

Paper:

MDwise/McLaren Health Plans P.O. Box 1575 Flint, MI 48501

Please note: Paper claims must be on red/white form with black ink.



Contacts and Resources



CONTACTS AND RESOURCES



Contacts



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Contacts

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Whitney Burnes	Region 9	317-308-7345	wburnes@mdwise.org
Nichole Young	Behavioral Health (CMHC, OTP, IMD or Residential)	317-822-7509	nyoung@mdwise.org



Resources

Provider Relations Forms

- http://www.MDwise.org/for-providers/forms/provider-enrollment
- Credentialing/Enrollment
 - MCE Enrollment Form
 - Enrollment Cover Sheet
 - Provider Update Form
 - Disenroll/Re-enroll
 - Panel Move
- Non-Contracted Set-Up Form
 - Required for non-contracted providers
- Contract Inquiry Form

Submit all forms to: prenrollment@mdwise.org



Resources

MDwise Provider Portal http://www.MDwise.org/for-providers

- Member Eligibility, including Primary Medical Provider (PMP)
- Claims
- Quality Reports
 - Member Rosters
- Member Health Profile
 - Coordinate Medical and Behavioral Health services based on paid claims
 - Includes physician visits, medication and ER visits
- Care Management/Disease Management Requests
- MDwise Behavioral Health
 - o www.mdwise.org/behavioralhealth



Resources

MDwise Provider Tip Sheets

• http://www.mdwise.org/for-providers/tools-and-resources/additional-resources/tip-sheets/

MDwise Provider Manuals

• http://www.mdwise.org/for-providers/manual-and-overview/

MDwise Provider Relations Territory Map

http://www.mdwise.org/for-providers/contact-information/

MDwise Claims: Provider Customer Service Unit

1.833.654.9192

MDwise Customer Service

1.800.356.1204

IHCP Provider Modules

www.in.gov/providers



Questions





Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



https://tinyurl.com/fssa1008

